



## Recreational Authority of Roseville-Eastpointe

18185 Sycamore, Roseville, MI 48066

586-445-5480

www.rare-mi.org

Dear Parents:

I would like to take this opportunity to introduce you to our licensed Recreation Authority Summer Day Camp program. Our program will run from June 17, 2019 through August 16, 2019 (9 weeks) between the hours of 7:30 a.m. – 6:00 p.m. We will be closed on Thursday, July 4<sup>th</sup>. Summer Daycamp is located at the Recreation Center at 18185 Sycamore Street in Roseville. Our program is designed for a total of 60 participants ranging in age from 6 to 12 years old. The program fees are per child and will be \$ 130.00 per week for Authority members and \$ 140.00 per week for non-members. The program fees will include all field trips, supplies/materials, breakfast and lunch, qualified experienced staff and equipment.

We have set the program up on a payment schedule. At the time of registration you will be required to pay for the first three weeks of the camp. **Weeks 4 – 6 will be due on Friday, April 19<sup>th</sup> and the final payment will be due Friday, June 7<sup>th</sup>. We will be allowing for one week of vacation time (a consecutive five days of Monday – Friday), which must be determined by Friday, June 7<sup>th</sup>, in order to receive credit and will be deducted from your final payment.** If final payment is NOT received by due date – your account will be assessed a \$ 25.00 late fee (per child).

**At the time of registration we ask that you return the attached forms to the Recreation Authority office, along with a copy of your child's birth certificate.** These forms will stay on file at the site throughout the program. In addition, please be very detailed in regards to your child's interests on the entry survey; these results will assist us in developing a great camp experience for your child this summer.

*Space is limited and registration is based on a first-come, first-serve basis.*  
Thank you for your interest in the Recreation Authority Summer Day Camp program. Should you have any questions or need additional information, please feel free to contact me at (586) 445-5480.

Sincerely,

A handwritten signature in black ink that reads "Bobbie S. Wilson". The signature is written in a cursive style.

Bobbie S. Wilson  
Assistant Director  
Recreation Authority

Recreation Authority of Roseville and Eastpointe  
Summer Day Camp - Discipline Policy

**MUST BE SIGNED BY CHILD BEFORE**  
**REGISTRATION CAN BE ACCEPTED**

Staff members will do all they can to control discipline problems. If the staff member feels that he/she needs assistance of the supervisor in handling specific situations, the issues should be referred to the Camp Director with a brief explanation of the issue.

As soon as a child's behavior or attitude disrupts the group or the function of the Summer Day Camp program, disciplinary steps need to be instituted. Staff members are trained to encourage communication with campers or conflict resolution and encourage cooperation among participants.

Child management is handled with care and respect, focusing on prevention and using methods, which promote positive self-esteem for the participant. Staff will set and discuss with participants the rules for camp. These rules will be appropriate, have realistic limits and be consistently enforced with all campers. Rules will be clearly displayed at the camp site and will be provided to parents prior to the start of camp.

Below, we have outlined the disciplinary steps that will be taken when rules are not adhered to.

1. First Step: Verbal Warning
2. Second Step: Removal from activity for a stated period of time
3. Third Step: Loss of entire activity and conference with parent
  - Three disciplinary conferences constitutes a meeting with the child's parent/guardian and Assistant Director of Recreation Authority. This meeting may result in suspension/dismissal for the camp program.

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We have read and understand the disciplinary steps that will be utilized during the Recreation Authority Summer Day Camp program.

Parent/Guardian Signature: \_\_\_\_\_

Child's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Has your child had discipline issues at school or within other camp settings that we should be aware of in advance: \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain below:

Is your child on medication for behavioral concerns: \_\_\_\_\_ YES \_\_\_\_\_ NO

*If yes, please reflect specific medication on the included medical card*





## Roseville-Eastpointe Recreation Authority 2019 Summer Day Camp

### Entry Survey

- What are your expectations of our program as a parent?

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- Is your son/daughter excited about their enrollment in our day camp program?  
Yes                      No

- Do you feel the cost of the program is reasonable?  
Yes                      No

- Will you be utilizing the breakfast and lunch food program this summer? Your response will assist us in ordering meals.  
Yes                      No

- What are some interests of your child?

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- What ideas do you have for field trips or new board games for camp?

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- Child's Name \_\_\_\_\_ Shirt Size: YS YM YL AS AM AL AXL

- Order additional camp shirt in advance (\$15.00 per) \_\_\_\_\_ x \$ 15.00 = \_\_\_\_\_

- Order additional wristbands in advance (\$ 3.00 per) \_\_\_\_\_ x \$ 3.00 = \_\_\_\_\_

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only</b>		<b>Date of Admission</b>		<b>Date of Discharge</b>	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

**MEDICATIONS: (LIST NAME & DOSAGE) \*USE REVERSE SIDE IF NECESSARY** See Reverse Side

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116  
COMPLETION: Required  
PENALTY: Rule Violation